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LETTERS TO THE EDITOR



[The Editor is not responsible for opinions expressed in this Department.]

DEAR EDITOR: In reference to Mrs. Dita Kinney's article in the January number of THE AMERICAN JOURNAL on "Questionable Nursing Schools," I would ask, Why are physicians employing trained attendants for acute cases instead of graduates of reputable schools? I grant that the trained attendant has her place, but are they competent in acute and serious cases? Their training consists in theoretical instruction, covering a time from six to ten weeks, with oftentimes no practical experience until their first private case. Here in Orange they are daily encroaching upon the field for regular nursing. Our prominent physicians are employing them more and more frequently, for surgical, obstetrical, contagious, and similar acute cases. It behooves us who are still in the field of private nursing to organize and find out why such a state of things exists. Are our own school physicians loyal to us; and if so, why is not experience as valuable to a nurse who keeps herself abreast of the times and in health as to a physician or any other business man or woman? A number of physicians have said to me, "I do not care to employ an old graduate, because she knows too much, and the young graduate charges too much, and has too little experience." In talking with a physician's wife the other day—who, by the way, was an ex-nurse of seven-years' active experience—she cited two cases of wilful and brutal neglect on the part of a graduate nurse, though I have no knowledge myself of the details of such cases, and yet every little while graduate nurses are telling me of cases in which they have been called upon to come and undo the harm wrought by these very trained attendants by their lack of scientific knowledge. In nine cases out of ten the physician has recommended this untrained help. One trained attendant took a case I recommended her to, and told me she only took it for a rest to herself. One or two physicians whom I know employed her in surgical and other acute cases, for which she received twenty dollars a week. They preferred her to the average graduate, who, as a rule, was too extravagant and demanded too much of the family. The case I quote was one of paralysis, which had reached the stage when I thought a trained attendant would be competent to conduct the case satisfactorily.

I am an old graduate, and I find that the nurse's work in the sick-

room has increased largely in the last ten years, and that I cannot make myself so useful in general ways in the house because of the innumerable new preparations that the physicians now employ, and the doctors demand it of a graduate nurse. In my frequent contact with the trained attendant I find physicians expect less of them, therefore they are able to make themselves more useful outside of the sickroom, and for this they receive from fifteen to twenty-one dollars per week. As they carry little responsibility, they can remain longer at a case and go almost directly to another without the much needed rest which a graduate so often finds necessary to preserve perfect health. While the demand for trained attendants is as great as it is at present the call for quick, if not perfect, training will continue. I personally do not feel I would care to advise a young friend or relative of mine to enter a large training-school, where the demands on their health and brain are so great and the training continues so long without any remuneration, whereas a bright, intelligent young girl can acquire sufficient knowledge in a few weeks or months to make her a fair wage-earner at once. I do not approve of the conditions and am sure that the long, careful training gives best results to patient, physician, and nurse. But what are we to do if, when we leave the training-school, after three years of hard work and great self-sacrifice, we find our field filled by young women who have acquired a slight, superficial knowledge of our work by correspondence or otherwise? Our own school physicians recommend them as being "just as good as a graduate nurse, more obliging and cheaper," yet these same physicians have lectured to us and given us clinical instruction. Is their training deficient, or are the training-schools in fault? Do let us find out, and get at the root of this matter. I consider the "questionable school" only a "branch."

A GRADUATE OF THE ORANGE (N. J.) TRAINING-SCHOOL.

DEAR EDITOR: I would like to refer to the letter from your correspondent, L. J. P., in which she quotes a "prominent New England surgeon." Let us hope that his words were jocosely meant when he spoke of "labor unions." If not, I will not pretend to decide what he ought to know, but would like to say that I earnestly wish all nurses would try to gain a little rational and sympathetic (that means understanding) knowledge of labor unions. All students of social movements, such as Miss Jane Addams, for instance, agree that the labor union has been and is, in spite of imperfections and human frailties, one of the most potent and valuable agencies in the gradual uplifting of working populations. It is by no means only a means of raising

wages (though that is legitimate enough, for decent wages make the difference between man and slave), it is also a training in practical brotherhood, and with such results as the world does not see elsewhere to-day except in small groups of choice spirits.

We *want* to cultivate this feeling in our sisterhood. We *want* nurses to realize, as the union workingman does, that the concern of one is the concern of all. What helps one, helps all. What degrades one, degrades all. It is only necessary to recall how labor unions are regarded in Russia to know how to estimate them.

Let us beware of mental "spooks" or "bogeys." In Italy, in certain circles, one can hear it said that so-and-so is a "Free Mason," and one might really imagine that that meant devil with horns and tail, so abhorrent is the idea contained in those simple words. This current way of speaking of labor unions seems to me a similar "spook." Then about the wages: I can't bear to think of nurses as mercenary, yet I must smile over the news I had the other day of an acquaintance who spent a couple of months in the private hospital of a "prominent surgeon" at an expense of *nearly* ten thousand dollars! Two special nurses at twenty-five dollars a week make little difference in this sum.

Then about the hours: Where the nurses' unions are only in early stages private-duty hours are no worse here than at home, but hospital hours, arranged by medical directors and hospital superintendents, range anywhere from fifteen to eighteen, with two weeks' vacation in the year.

The notion that overwork is meritorious and desirable is another "spook."

I do sincerely hope that New England nurses (since they especially seem to be getting reactionary advice) will think twice before they are led out of their free, self-governing associations into difficulties and entanglements such as European nurses are straining every nerve to get away from.

L. L. Dock.

DEAR EDITOR: I regret to say that I expressed myself in such a way that the Superintendent of the Army Nurse Corps misunderstood my real meaning. I did not in the least intend to reflect on the personality or character of the nurses employed to-day. Having myself been engaged in the work at Fortress Monroe during the Spanish-American War, and also in the Philippines, I spoke from my own experience.

Nursing any man, whether soldier or civilian, is not demoralizing. In the case of the army nurse in time of peace, it is her environment to which I refer.

As a rule, she who enters army work lays aside her ambition and accepts a small pecuniary return for the sake of the freedom it offers.

As compared with private duty it is very one-sided and does not tend to bring out her best qualities.

In military work she meets only one type of individual, whereas in civil work she comes in contact with many. In the army she has no social nor domestic life, both of which are so necessary to the highest development of her character as a woman.

These are the three points I had in mind when writing, and not any criticism of the present Army Nurse Corps.

LIDA G. STARR.

[LETTERS to the editor must be accompanied by the name in full and address of the writer, otherwise such communications cannot be recognized. The name need not appear in the JOURNAL unless so desired.—ED.]



I. K. I. METHOD OF STERILIZING CATGUT.—F. W. Johnson in the Boston *Medical and Surgical Journal* advocates this method of sterilizing catgut. He declares that in every case in which the method has been criticised, it has been the fault of the user, and not that of the method. In the first place, clean, strong gut should be used. He uses gut that is almost white; it has no odor and is free from fat. Before sterilization, each strand should be thoroughly stretched. In the method he describes the gut should be wound on wide reels if possible, and too much gut must not be put on one reel, for the solution must find easy access to the deeper layers of gut. Before using, the gut should be swashed through sterile water, but not allowed to soak in it. The reel can then be placed on a sterile gauze pad, and after the operation dropped back into the common jar. The solution is: Iodine, one part; iodide of potassium, sufficient to saturate, and distilled water sufficient to make one hundred parts. Reels made of papier maché are found to give excellent results. The writer gives the advantages of this method as being the absolute certainty of a sterile gut, ease of preparation, healing by first intention, and an animal suture material that will not slip, and that will tie like silk. Large-sized gut is sterilized to its very centre. Gut sealed in tubes in the I. K. I. solution and kept out of the light will become friable in about three months. This gut should not be used in plastic work in the vagina, as to those tissues the iodine is irritating, and thus an excellent culture medium is made for micro-organisms.